**Evaluation Report Child Survival India (CSI) Chandigarh Migrant TI Project**

REPORTING FORMAT-B

**Descriptive Evaluation Report**

**Introduction**

***Background of the Organization***:

Registered under Society Registration Act 1860, Child Survival India (CSI) is a rights -based organization working for the underprivileged women and children in the rural as well as urban communities. The organization started its intervention in the year 1991 with focus on health of children in urban slums. However in due course, organization took on an integrated community development approach with health, education & gender as its key focus areas. CSI now works with the children, adolescent girls, underprivileged youth, truckers, the HIV infected and affected adults and children and mothers of young children. Child Survival India has been supported in its efforts by:

* National & State Government agencies including State AIDS Control Societies of Haryana, Punjab & Delhi, Mission Convergence (Delhi) & Delhi Commission for Women.
* International agencies like Save The Children Fund (India), Institute for Reproductive Health, University of George Town ,International HIV/AIDS Alliance, Grameen Foundation, Paul Hamlyn Foundation, HLFPPT, American India Foundation, Bill & Melinda Gates Foundation, Corporate groups like Asian Paints Pvt. Ltd., JP Morgan, Johnson & Johnson , Target Sourcing services, Philips India Ltd, Hilton Hotels ,Mondolez , Apollo Tyre Foundation etc.
* Individual donors

***Background of the Project***:

TI project by CSI for migrants in Chandigarh was initiated on 1st April 2017 under which areas like Dhanas, Maloya, Palsora, Attawa, Kajheri, LabourChownk, Burail, Jagatpura, Motor Market sector 48 are covered by them. The project was taken over by CSI after the same was surrendered by Ambuja Cement Foundation.

***Name and address of the Organization***:

Child Survival India, MPCC, VPO-Khera Khurd, Delhi-110082

**Chandigarh Office**

***Chief Functionary*:** Sh. Prabhat Kumar Singh

***Year of establishment*:** 12th April 1991

***Year and month of project initiation*:** 1st April 2017

**Evaluation team:**

Programme Evaluator: Dr. Sukhbir Singh

Programme Evaluator: Dr. Nidhi Jaswal

Financial Evaluator: Ms. Bhawana Saini

**Time frame:**

1st October, 2021 to 31st March, 2022 and 1st April, 2022 to September, 2022

**Profile of TI**

**Target Population Profile**: High Risk Migrants

**Type of Project:** Bridge Population Targeted Intervention Project

**Size of Target Group(s):** As approved - 10,000

Reached - 11253 (New Registration)

**Sub-Groups and their Size:** NA

**Details of Target Area:**

Dhanas, Maloya, Palsora, Attawa, Kajheri, Labour Chownk-44, Burail, Jagatpura, Motor Market sector 48.

**Key Findings and recommendations on Various Project Components**

1. **Organizational support to the programme:**

The program appears to have had considerable support from the organization. All monthly staff meetings feature the Project Director. Monthly meeting is conducted regularly in the presence of the Project Director. The meeting register is maintained but without any action taken report. Also, the minutes are not verified by the Project Director, but by the Project Manager. There is a review procedure in place, and the programme delivery reflects this.

**II. Organizational Capacity**

**Human resources:**

Staff has been appointed as per the sanctioned post**.** At present, there is 01 project manager, 1 counsellor, 1 M&E officer, 4 outreach workers and 10 peer educators. All staff members are old recruits except one M&E. <20% turnover was observed among the peer educators (Among 10 peers, 3 have joined during the evaluation period). Appointment letters and job description are provided to the staff. However, job description was not displayed on the office premises. Attendance register is maintained on the daily basis and verified by the project manager and further cross verified by Project Director. Leave applications are maintained properly. All project staff except project manager apply for leave offline. One leave per month is sanctioned to each project staff and the unutilized leaves are carried forward to next year.

**Capacity building:**

Knowledge level of ORWs and Peers was found to be satisfactory. Training has been provided by the Chandigarh SACS but the project staff still needs to undergo quality training for all including peers. The induction training details was available from June, 2022 till date. No previous details were available in the project office. One ORW (joined in May, 2022) and 3 PEs have not received any induction training from SACS. PO conducted an induction-cum-refresher training program for peers and the TI staff on February 18th, 2022 and July 15th, 2022, respectively. In-house training was held on 8th February, 2023.

**Infrastructure of the organization:**

The TI Project has its Office cum DIC, each in sector-41 and Burail. There are only two rooms in the office. One is for counselling and DIC and other one for Project Manager and M&E officer. The place for the DIC was very congested. All the purchased assets have been codified and marked.

**Documentation and Reporting**:

Documents are maintained as per the formats provided by SACS. While reviewing the documents, it was observed that registers and records are well maintained and updated. The photographs of the organized activities were found to be annexed in the registers. The organization was found to be sending CMIS and SOEs reports regularly without any delay.

**III. Program Deliverables**

**Outreach:**

While interacting with the outreach team, it was found that they were not able to reply with all the appropriate answer regarding the planning and execution of the outreach plan. Documents were available with all the 4 ORWs. The line list has been kept by TI, but it is no longer used for services. Through the line listing, only outreaches services have been provided.

**Line listing of the HRG by category:**

Category wise line listing was available with all the ORWs.

**Micro planning:**

The TI created a micro and outreach plan, but it did not match the records and movement register. No prioritization of the activities could be found. The same was cross checked through documents available with the outreach workers.

**Coverage of target population (sub-group wise):**

The TI has been sanctioned the total target of 10,000 migrants. Till date, they have been able to register 11253 (ever registered) and the new registration during last year is reported to be 1253.

**Outreach planning:**

Outreach planning in terms of daily visit plan has been prepared by the outreach workers. No prioritization was found in the documents as well as it was revealed through interaction that none of them were known to the fact that HRG prioritization is a must. ORWs visit the site of each peer at least once in a week and provide supportive supervision.

**PE: HRG ratio:**

A total of 10 peers are presently working with the TI against the target of 10,000. The peer to HRG ration ranges from 1:1200

**Documentation of the peer education:**

Documents of peers was available at TI level. The respective outreach have been looking after the documents of their peers.

**Quality of peer education:**

Peer educators are from community. Some of the peers educators are vocal and having good knowledge of TI. There are few peer educators who are not aware about sign and symptoms of HIV?AIDS. In the field the session was duly taken by ORWs and peer educators.

**IV. Services:**

**Availability of STI services**:

From October 21 to September 22, the TI organised 199 health camps in accordance with NACO guidelines. For STI services heath camps are organized in a month at various sites. Two MBBS doctors are associated with the project. The doctors is well qualified and provide services during health camps only..

**Quality of the services**:

A total of 199 health camps have been organized. 60 cases were diagnosed for STI.STI medicines have been purchased by the project and is being distributed. Some general medicine for general treatment has been also purchased.

**Quality of treatment in the service provisioning**:

The doctor has been trained on syndromic treatment protocol. As per the doctor the same is maintained by him. It was observed that the doctor needs to know more about the indicator. Counseling is done for the migrants and follow up of STI patients’ is done. 4522 migrants have been counseled by the counselor.

**Documentation**:

A patient sheet/network clinic format is filled by the doctor and the counselor for each migrant visiting the clinic. Daily summary sheet is maintained by the counselor. Counseling register is maintained for all the migrants who have been counselled. Stock registers for general medicine and STI medicines and are maintained. Counseling register need to maintain properly. There is no mechanism to follow up the cases.

**Availability of Condoms**:

**No. of condoms distributed**:

TI is presently involved in social marketing of condoms. 50 condom outlets have been established and all are non-traditional. Primarily, the condom outlets have been established at panwala, barber, chemist etc. The peers and ORWs regularly check the availability of the condoms and ensure that the stock

**Information on linkages for ICTC, DOT, ART, STI clinics:**

The Project staffs are aware of the linkages with the ICTC for HIV testing and also with. The project also able to link 23HIV positive to the ART Centre.1280 and 2999 HIV testing has been done through CBS and ICTC respectively.

**Referrals and follows up:**

Referrals are done by all ORWs and the counsellor for ICTC. However, it was observed that referral to DOT has also been initiated. Out of 60 STI cases all were followed up. The project refers the migrants for HIV testing and also uses the mobile ICTC service.66 migrants has been referred to DOT centrs.

**V. Community participation:**

During the visit to TI and field, it was observed that the participation of the community members was very limited. Only few stakeholder were involved in planning and execution of the events.

**VI. Linkages**

**Assess the linkages established with like STI, ICTC, TB clinics:**

Good linkages have been established by the TI project with ICTC and also with the DOT centre.

**Percentages of HRGs tested in ICTC and gap between referred and tested:**

A Total of 4279 migrants tested for HIV through ICTC and the mobile ICTC in last 11 months. Out of the 60 STI cases were identified and 60 follow up for STI cases were done.

**Support system developed with various stakeholders and involvement of various stakeholders in the project:**

Stakeholders have been identified in the project, however the project area has many important stakeholders and need to initiated dialogue with them. The project needs to do stakeholders analysis. 24 Advocacy meetings have been conducted. There is no clarity among stakeholders about the programme. They were not aware about the name of the organization and staff.

**VII. Financial systems and procedures:**

1. **Systems of planning:** Existence and adherence to NGO-CBO guidelines or any approved accounting principles endorsed by SACS/NACO, supporting official communication form NACO/SACS for any deviance needs to be presented.

The Accountant is following System of Planning but It is advisable to pay directly to vendor instead of transfer the amount to ORW / Staff account for the expenditure spent in Demand Generation Meetings.

1. **Systems of Payments:** Existence and Adherence of payments endorsed by SACS/NACO, adherence to PFMS, availability and practice of using printed and numbered vouchers, approval systems and norms, verification of all documents related to payments, quotations, bills, vouchers, stock and issue registers, practice of settling of advances before making further payments and adherence to other general accounting principles.

It is observed that all the vouchers are machine printed and all the payments to vendors done through PFMS with approvals of Project Manager and Project Director. Stock register of consumables and fixed assets are properly maintained. It is advised to use Receipt Note instead of handmade bill. Maintain ledger book.

1. **System of procurement**- Existence and adherence of systems and mechanism of procurement as endorsed by SACS/NACO, adherence of WHO-GMP practices for procurement of medicines, systems of quality checking.

It is observed that TI is maintaining Fixed assets register properly and coding on items is present there. Quotations from 3 different vendors collected to purchase any items above Rs.2000 and comparative statement is in place.

1. **Systems of documentation**: Availability of bank accounts (maintained jointly, reconciliation made monthly basis), audit reports

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Accountant is maintaining BRS and SOE properly and submitting the same to CSACS on monthly basis. It is advisable to maintain a separate file of audit observation and their actions taken report. Avoid Cutting and Overwriting in Cash book. (page no. 42 in cash book). Before submission the SOE, Properly check the financial year, amount received, expenditure amount carefully.

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**VIII. Competency of the project staff**

1. **Project Manager:** Project manager has been associated with the TI projects for last many years. The project manager is able to prepare monthly plan and involves all the project staff in the process. She is also conducting field visit to review the work of ORWs. She is also meeting stakeholders for effective functioning of the project.
2. **Counsellor:** While interacting with the Counsellor, it was found that he is having good understanding about the project and documentations. The counsellor was also having good understanding about the field areas and the migrant population, which was in a way better than the ORWs. He is also having good clarity on risk assessment, risk reduction, knowledge about the basic counselling skills, STIs, maintaining and updating of the registers/ records. However, it is recommended that the counsellor should develop a mechanism for follow up of STI patients.

1. **ORWs:** All ORW are very effective in their work. Their understanding about the project is good. Outreach planning is in place but not very effective.
2. **M&E officer:** M&E officer has recently joined the TI and undergone training
3. **Peer leaders in Migrant Projects:** A total of 10 peers are working with the TI. It is pertinent to mention here that training is required for all the peers for quality work.

**IX. Outreach activity:**

During the interaction with ORWs and Peers, it was observed that staff is regularly deliver the services to the community but the same was not reflected during the field visit. Documentation also reveals that the staff is providing services to the migrant population.

**X. Services:**

More or less, few of the migrant population mentioned that they are availing the services from the project.

**XI. Community involvement:**

Community members are not fully involved in planning of the project activities. It is only with the stakeholders that the project is able to address the issues of the migrant population.

**XII. Commodities:**

Social marketing condoms are provided to the migrants as per their requirement. STI drugs are available with the project and being used during camps. Some General medicines are available for providing treatment for general aliments.

**XIII. Enabling environment:**

Advocacy meetings have been conducted by the project with relevant stakeholder without any need assessment. The project shall focus on more advocacy with relevant stakeholders and try for resource mobilization.

**XIV. Social protection schemes / innovation**

**-Nothing specific to report-**

**XV. Best Practices if any**

1. Distribution of ration and medicines at various migrants hotspot.
2. Financial help via online payment system for needy people..
3. CSI team supported migrant workers and helped them to register on the online portal for availing the various social welfare schemes